

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/718,155  
Confirmation No.: 9003  
First-Named Inventor: Christopher J. Moran  
Filing Date: November 20, 2003  
Group Art Unit: 3734  
Examiner: Vy Q. Bui  
Attorney Docket No.: 003433-000483  
Title: EMBOLIZATION DEVICE

**SUMMARY OF INTERVIEW**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Communication dated September 8, 2008, please consider the following. Additionally, please provide any extensions of time which may be necessary and charge any fees which may be due to Deposit Account No. 23-3030, but not to include any payment of issue fees.

### Remarks

In response to the Office Communication dated September 8, 2008, Applicants hereby summarize the substance of the Interview with the Examiner and hereby request entry of these remarks in the application.

The Interview primarily focused on independent claims 27 and 32, and the disclosure of Babbs et al. (U.S. Patent 6,475,232).

Applicants opened the Interview by discussing claims 27 and 32 and what they believe to be a reasonable interpretation of these claims. Applicants then explained in detail how claims 27 and 32 are patentable over Babbs et al. During this process, the Examiner contended that the claim language did not clearly define over Babbs et al. No agreement was reached on the existing claim language. Specific points discussed during the Interview include:

A common definition for the term “occlude” is “to close, obstruct, or prevent the passage” (See, e.g., definition at MedicineNet.com (<http://www.medterms.com/script/main/art.asp?articlekey=20657>)). This definition is compatible with Applicants use of the term in the application. At the time of filing, one skilled in the art would have understood the term to have such a meaning.


Thus, one can conclude that the phrase “to fully occlude” means to fully close, to fully obstruct, or to fully prevent the passage.

For Babbs to be anticipatory, it would have to teach that the blood vessel becomes fully occluded (i.e., blood is fully prevented from passing through the vessel). However, as previously pointed out by the Examiner, the deployed stent devices taught by Babbs are designed to keep the blood vessel lumen open, thereby permitting blood to flow through the lumen. Thus, even

though the deployed stent device might “cover” the inner walls of the blood vessel lumen (i.e., 360 degrees), blood is able to flow through the vessel lumen, because there is a large, central channel extending through the device along its entire length. It is hollow. No reasonable interpretation of the claim language “full occlusion and full blockage of the vascular vessel” could possibly encompass the acts in Babbs.

Thus, it is clear that permitting passage through the vessel is the polar opposite of fully occluding the vessel. For at least these reasons, Babbs would not anticipate or render obvious claims 27-44 previously amended to clarify that the respective devices are delivered to the vessel so as to cause a full occlusion and full blockage of the vascular vessel.

Respectfully submitted,

By   
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Timothy B. Paul, Reg. No. 51203  
Woodard, Emhardt, Moriarty, McNett & Henry LLP  
111 Monument Circle, Suite 3700  
Indianapolis, Indiana 46204-5137  
(317) 634-3456